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APPLICANTS

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** CONTINUING DATA ***** None

** FOREIGN APPLICATIONS ***** None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 03/08/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <u>Robert H. Wilson</u> Examiner's Signature Initials	STATE OR COUNTRY CA	SHEETS DRAWING 24	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
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 24941
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TITLE
 TCP/IP offload device with reduced sequential processing

FILING FEE RECEIVED 842	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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